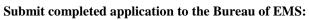
# Idaho Bureau of Emergency Medical Services & Preparedness

# **Idaho Certificate of Eligibility Application**



Email EMSPROVLIC@dhw.idaho.gov	Mail 2224 E. Old P	Penitentiary Rd, B	loise, ID 83712	Fax 208-33	34-4015 The idaho department HEALTH & WELFA		
Level Applying For:	ledical Responder	EMT	Advance	ed EMT	Paramedic		
<b>Required attachment:</b> Copy of ID ( <i>Driver's La</i>	icense, Idaho Identification car	rd, or Military Identif	ication ID card)				
NameLast Name		First Name		Middle	Name/Initial		
Social Security #	Date of Birth		Driver's Licen	Driver's License # State			
Mailing Address							
Street		City	State	Zip	County		
E-Mail Address			Ger	nder 🗌 M 📋	] F		
Home Phone #	ome Phone # Work Phone #			Cell Phone #			
Primary Form o	of Contact: Home Phone	□ Work Phone	□ Cell Phone □	∃Email □N	<b>M</b> ail		
Primary Form of Contact: Home Phone Work Phone Cell Phone Email Mail  I am also an Idaho licensed/certified health care provider as a(n) (circle all that apply): MD / DO / PA / RN / RT / other (please specify)							
· · · · · · · · · · · · · · · · · · ·	o provides and according	Tr. J/	20722	· · · · · · · · · · · · · · · · · · ·	use speemy,		
Have you ever applied for or held an EMS certif	ficate or license in any oth	er state?	Yes 🗌 No 🗍				
Have you ever been denied or had revoked an E.	EMS certificate or license in	n any other state?	Yes 🗌 No 🗌				
If you answered <b>Yes</b> to either question, complete an <u>Idaho EMS License Verification Request form</u> for <u>each state</u> in which you have ever applied for, been							
denied, had revoked or held an EMS certificate / license. (This form is available at www.idahoems.org under Provider Licensure Forms)							
By signing I certify that the information I have provided all information is subject to audit and that violation of I							
Medical Services (EMS) – Complaints, Investigations,							
			_				
Applicant Signature			Dat	te			
ı	Recei	ived in Bureau					
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## Required: Copy of your Photo ID must accompany your application

• Acceptable forms of ID are: driver's license, state identification card, or military identification card.

#### **Required: Criminal History Check**

Accessible on-line at https://chu.dhw.idaho.gov.

- Create new registration.
- Complete application using Idaho EMS Bureau Employer ID# 1350
- Schedule fingerprinting appointment

Criminal History check must be cleared before the Idaho EMS Bureau can issue a state license, which must be obtained to practice EMS in the State of Idaho.

## **Required: License Verification Request Form**

This is required from any/all states where you have held or applied for an EMS license.

(This form is available under the Reciprocity section on the Provider Licensure page of <u>IdahoEMS.org</u>. Send a copy of this form to each state where you have held or applied for an EMS license. They will complete the form and return it to the Idaho EMS Bureau.)

#### Required: Idaho Specific education

- Landing Zone Officer (LZO) on-line course at <a href="https://id.train.org">https://id.train.org</a>
- Extrication Awareness (EA) on-line course at https://id.train.org

(Instructions for using the Train Idaho site and successfully printing a completion certificate are found on the EMS Bureau website at <a href="www.idahoems.org">www.idahoems.org</a> under LZO or EA in either the Education or Provider Licensure tiles.)

## Required: National Registry for EMTs (NREMT) Certification or Assessment Exam

The State of Idaho requires applicants for initial licensure, reciprocity, or Certificate of Eligibility to pass the National Registry of EMT's (NREMT) computer-based assessment or certification examination for your license level within the allowable time frame. The time frame for EMR & EMT is 36 months from the date of licensure, and 24 months from the date of licensure for Advanced EMT and Paramedics.

(An exam application will not be approved until the Idaho Certificate of Eligibility application and Idaho EMS License Verification Request forms are received by the Idaho EMS Bureau.)

Specific instructions for each of these items can be found in the document "*Reciprocity Instructions*" below this application on the website

www.idahoems.org

or on the right under Resources in the Provider Licensure tile.

## IDAHO EMS LICENSE VERIFICATION REQUEST

Have you ever applied for or held an EMS certificate or license in any other state?

Have you ever been denied or had revoked an EMS certificate or license in any other state?

Yes – complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.

		No – complet	tion of this form is not require	ed		
A	Authorization to releas	se informatio	on to the IDAHO EMS B	UREAU (Please Print)		
fame:Last First M.I.		Also Known As: Alias, Maiden, or Nicknames				
ocial Security Number:			Date of Birth://	<u>.</u>		
Iailing Address:Street	City	State	e Zip	_ Phone #		
hereby authorize the state of			-	nish the information request	ed to the state of Idaho.	
ertificate/License Number				vel		
signature of Applicant				Date signed		
THIS PORT	TION MUST BE CO	OMPLETEI	D BY THE STATE EM	IS LICENSING AUTHO	RITY	
. Status .icense/Certificate #			Expiration Date	Statu	18	
☐ First Responder 1994 ☐ EMT-basic 1995			National Scope of Practice 2011  ☐ Emergency Medical Responder (EMR) 2011 ☐ Emergency Medical Technician (EMT) 2011 ☐ Advanced EMT (AEMT) 2011 or ☐ I-99 ☐ Paramedic 2011			
. Has your state taken a r denial for EMS certifi  NO YES If Yes, please describe	cation or licensur	e?	-			
. <b>Is this individual curre</b> NO YES If Yes, upon completion	•			e outcome and any disciplinar	y action.	
hereby certify that the ab	ove information is t	rue and cor	rect recorded by this o	office.		
ignature	ture Name (p.		rint)	Date		
itle		Phone			) ASM	
tate Agency Name					IDAHO E·M·S	
					HEALTH & WELFA	

Return completed form to the Idaho Bureau of EMS & Preparedness:

Email: EMSPROVLIC@dhw.idaho.gov Mail: 2224 E. Old Penitentiary Rd, Boise, ID 83712 Fax: 208-334-4015